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Coming Home: A Prospective Study of Family Reintegration Following Deployment to a War Zone

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Keywords: family reintegration, military couples, relationship distress, alcohol misuse, emotional disorders

War changes people. The turmoil of combat transforms not only service members, but also their entire families. The military draw-downs in Iraq and Afghanistan will translate into

more than two million service members transitioning back into their home lives in the United States, attempting to forge courses apart from their roles in the war effort. A majority will

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transition successfully, and some may even experience personal or professional growth as a result of their service (Beder, Coe, & Sommer, 2011); for many others, however, adjustment will prove remarkably challenging. Family issues are a commonly cited concern in the reintegration process (Demers, 2011; McNulty, 2005).

A high percentage of veterans (75%) seeking behavioral health services report problems with family reintegration, including feeling like a guest in their households (40.7%), reporting their children acting afraid or not being warm toward them (25.0%), or being unsure about their family roles (37.2%; Sayers, Farrow, Ross, & Oslin, 2009). A national sample of Iraq and Afghanistan combat veterans who had at least one visit to a United States Department of Veterans Affairs (VA) medical care center demonstrated that over half (56%) expressed difficulty in confiding or sharing personal thoughts and feelings with others (Sayer et al., 2010); many reported problems in getting along with their spouses or partners (42%) or with taking care of chores at home (41%). Adjusting to new roles and responsibilities across the deployment cycle was a commonly cited challenge of reintegration for military couples (Baptist et al., 2011).

Despite its clinical relevance, limited empirical information is available regarding the process of reintegration generally, and even less on family reintegration (MacDermid Wadsworth, 2010; Park, 2011; Sayers, 2011). Challenges with reintegration arise in numerous domains ranging from employment to interpersonal relationships (Katz, Cojucar, Davenport, Pedram, & Lindl, 2010)—areas reflecting psychosocial functioning as opposed to symptoms of mental illness. Adaptations and skills honed specifically for survival in a combat zone may hinder the service member's ability to reintegrate successfully back into civilian life and into his or her family (Jordan, 2011). For example, many veterans become adept at numbing their emotions for self-protection and to stay focused on the missions; in turn, some experience difficulties in reestablishing emotional connections with their friends and families after returning home. Moreover, service members may have difficulty expressing a range of emotions, particularly vulnerable emotions, because anger and detachment were part of survival in the deployed environment (Jordan, 2011). Returning service members often report that they consider themselves to be “warriors” ready to deploy and do what they were trained to do, and that when they come back from deployment, it seems as if time has stopped for them while life has continued on for their families (Demers, 2011). They often feel left behind. Recently deployed service members commonly report loss of identity and sense of purpose upon returning to civilian life (Demers, 2011). A service member's compromised sense of purpose often results from difficulties with family reintegration, and no longer feeling needed or understood by those closest to him or her (Sayers et al., 2009).

Mental health concerns such as posttraumatic stress disorder (PTSD), depression, and alcohol misuse complicate family reintegration. Combat veterans with PTSD and their spouses or other intimate partners report significantly higher rates of impaired relationship functioning than those without PTSD (Riggs, Byrne, Weathers, & Litz, 1998). Avoidance and numbing symptoms, in particular, have been linked to greater erosion of relationship functioning (Riggs et al., 1998) and to role-related family problems (e.g., feeling like a guest in one's own home, being unsure about household responsibilities, or experiencing alienation or lack

of warmth from children) (Sayers et al., 2009). Both the service member's and his or her partner's depressive symptoms have been positively associated with reintegration difficulties (Knobloch, Ebata, McGlaughlin, & Ogolsky, 2013). In addition, returning combat veterans often report using alcohol to cope with the challenges of reintegration (Demers, 2011). Among service members receiving treatment for alcohol misuse, spouses commonly facilitated the initiation of care (Burnett-Ziegler et al., 2011), suggesting the disruptive nature of alcohol use on the family unit.

Social support has been documented as one of the strongest protective factors against emotional disorders and posttraumatic stress, both in military couples (Allen, Rhoades, Stanley, & Markman, 2011) and other trauma-exposed populations (Brewin, Andrews, & Valentine, 2000). Spouses and intimate partners often serve as primary sources of social support in adulthood. Indeed, military families lacking support, young or new families, and families with cumulative stressors are at greater risk for mental disorders and relationship distress (Wiens & Boss, 2006). Sharing a sense of commitment to military values and lifestyle with one's partner may be an important factor in easing postdeployment transitions. Moreover, previous findings with the current sample have demonstrated that a willingness to disclose deployment- and combat-related experiences mediates the relation between partner support and PTSD (Balderrama-Durbin et al., 2013). As such, military and veteran couples' abilities to discuss the impact of deployment and combat experiences may be critical to successful family reintegration.

Current prevention and intervention strategies aimed at buffering the negative impact of combat may help ease the transition from deployment to family reintegration. For example, predeployment couple and family preparations related to common deployment challenges might help the family feel connected, united, and prepared for the deployment and postdeployment reintegration periods. Indeed, plans to stay connected during deployment may have a significant impact on easing family reintegration (Baptist et al., 2011). Lack of communication can leave the service member feeling “out-of-the-loop,” anxious, and emotionally distant. A recent study demonstrated that lower frequency of soldiers' communications with their spouses during deployment was associated with higher postdeployment PTSD symptoms for couples who were otherwise relationally nondistressed (Carter et al., 2011). Moreover, another study using the current sample revealed that predeployment relationship distress, and increased relationship distress from pre- to during deployment predicted lower frequency of communication during deployment (Cigrang et al., 2014b). Hence, shared commitment to military service, specific preparations for remaining connected during deployment, and ability to discuss partners' respective deployment-related experiences may all serve as protective factors promoting successful family reintegration and may be viable targets for prevention or early intervention programs for military couples.

Previous studies, conducted primarily using cross-sectional designs, offer limited insight regarding the temporal relations among combat deployment, emotional and behavioral disorders, and challenges with family reintegration. Few studies examining reintegration have used well-validated measures of individual or relationship functioning; instead, much of the extant literature on postdeployment reintegration, particularly family reintegration, has relied on clinical observations and qualitative assessments.

The current investigation evaluated challenges specific to family reintegration for partnered service members, including those with and without children. Both intra- and interpersonal factors across the deployment cycle were hypothesized to be prospectively and concurrently related to family-reintegration challenges (e.g., uncertainty about one's role in the home, difficulties in adjusting to new routines, and no longer feeling needed). Potential interpersonal indicators of successful family reintegration included predeployment relationship distress, shared commitment to military values and lifestyle, preparations for deployment as a couple, and frequency of communication during deployment. Additional postdeployment interpersonal predictors, including postdeployment relationship distress, partner support, and combat disclosure were examined. Potential pre- and postdeployment intrapersonal indicators, including depressive symptoms, posttraumatic stress symptoms, and alcohol misuse were also evaluated. The number of stressful combat experiences was considered as a potential predictor of family reintegration given, its strong relation to other mental health related outcomes. Predictors of family reintegration difficulties were assessed both individually and for their incremental utility when controlling for other indicators.

Method

Participants and Procedures

Participants were a subset of active-duty service members from a larger longitudinal investigation of U.S. Air Force Security Forces. The original investigation assessed a variety of risk and protective factors across a year-long deployment to Iraq (Cigrang et al., 2011). The sample was described previously in Cigrang et al. (2014a) pp. 59–60 and Cigrang et al. (2014b) pp. 335–336. Two detachments of airmen (combined $N = 318$) were tasked to train Iraqi police, a high-risk mission that required patrolling in communities with insurgent fighters; they deployed in two consecutive, 1-year deployment cycles during 2009 and 2010. They were assessed at three time points in the deployment cycle: pre-, during, and postdeployment. The research team met with the airmen at their predeployment training site 30 days prior to their deployment, again while they were deployed in Iraq, and finally 6–9 months postdeployment.

Responses from 142 airmen were successfully matched at all three time points across the deployment cycle; the research team was able to successfully match 69.6% across all three time points. For a more detailed description of sampling, retention, and matching procedures, see Cigrang et al. (2014a), p. 59. These 142 airmen did not differ from the larger cohorts of 318 airmen assessed prior to deployment or the 204 airmen assessed postdeployment on any measure of demographic characteristics, individual emotional or behavioral functioning, or intimate relationship functioning (all p 's $> .50$). Of the 142 matched service members, 76 remained in the same committed relationship across the entirety of the deployment cycle and were included in the current investigation. All study procedures were approved by the Wilford Hall Ambulatory Surgical Center Institutional Review Board (San Antonio, TX).

The majority (92%) of these partnered airmen was male, with an average age of 27.7 years ($SD = 6.1$, range 23–43). The mean years of education was 13.7 ($SD = 1.8$, range 12–20), with 60% of the service members graduating from high school or earning a

GED and the remaining 40% earning an associate's degree or higher. The average duration of all prior deployments combined was 13.1 months ($SD = 7.3$, range 1–30), with a mean of 13.9 months since the last deployment ($SD = 8.2$, range 3–39). Nearly half of the airmen (46%) had deployed at least twice previously in an Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) mission. A majority (66%) of participants was Caucasian, followed by 14% African American, 11% Hispanic, 5% Asian, and 2% Native American. On average, partnered airmen had been together (married or living together) for 5.8 years ($SD = 4.9$, range 1–23 years); most of the partnered airmen were married (76%). A majority of couples (63%) had one or more children. (Refer to Table 1 for a summary of sample demographic characteristics.)

Measures

Measures have been described previously in Cigrang et al. (2014a), p. 60.

Postdeployment family reintegration. The Post-Deployment Family Reintegration Scale was constructed for the current investigation and includes six items assessing service members' challenges related to family reintegration following deployment. Two of the six items overlapped with a screening measure developed by Sayers et al. (2009) including "Uncertainty about my responsibilities in the home" and "Feeling like I am a guest in my own home." Four additional items assessed lack of belongingness or purpose ("Feeling no longer needed in the household"), adjustment to new routines ("Dealing with new household routines established during deployment") and "Being given too much responsibility too soon in

Table 1
Demographic Characteristics of Participants

Characteristics	Total ($n = 76$) %
Sex	
Male	92.2
Female	7.8
Race	
White	65.6
Black	14.1
Hispanic	4.7
Asian	10.9
Native American	1.6
Other	3.1
Education	
High school or GED	60.3
Associate's degree	27.0
Bachelor's degree	11.1
Master's degree	1.6
Number of deployments	
None before current	27.0
One	27.0
Two or more	46.0
Marital status	
Married	76.3
Serious relationship	23.7
Number of children	
None	37.3
One	11.8
Two or more	50.9
Mean age (years)	27.7

Note. Participants were 76 service members who remained in the same committed relationship across the entirety of the deployment cycle.

household tasks”), and the reestablishment of joint decision making (“Reestablishing joint decision making in areas of finances, leisure-time activities, parenting/discipline, etc.”). Airmen rated each item according to the level of difficulty they experienced on a 5-point scale ranging from 1 (*not at all*) to 5 (*extremely*). Total scores ranged from 6 (*no difficulty with family reintegration*) to 30 (*extreme difficulty with family reintegration*). This measure demonstrated excellent internal consistency ($\alpha = .89$; mean interitem $r = .56$).

Intimate relationship distress. The Marital Satisfaction Inventory–Brief Form is a 10-item screening measure designed to identify intimate relationship distress (Whisman, Snyder, & Beach, 2009). Item content reflects global distress and conflict in specific domains of affective and problem-solving communication, sexual interaction, and leisure time together. Scores range from 0–10, with half of the items coded as reflecting distress if answered *true* and half as distressed if answered *false*. The measure showed excellent internal consistency both at predeployment ($\alpha = .86$, mean interitem $r = .42$) and at postdeployment ($\alpha = .89$, mean interitem $r = .45$).

Preparation for deployment. Six items were developed to assess common challenges encountered by couples when preparing for deployment (MacDermid, 2006) including communication (between partners and with children when applicable), emotional intimacy, financial issues, maintaining social support, and handling problems or conflicts. While deployed, service members rated their success in having prepared for deployment on a 4-point scale from 0 (*not at all successful*) to 3 (*very successful*), with total scores ranging from 0–18. This measure demonstrated excellent internal consistency ($\alpha = .91$; mean interitem $r = .62$).

Shared commitment. Six items were developed to assess airmen’s estimation of their partners’ level of commitment to the military lifestyle (e.g., “My partner supports the time and effort I give to the military,” “My partner is proud of my military service,” and “My partner feels he or she is also serving our country during this deployment”). While deployed, airmen rated each item using a 4-point scale ranging from 0 (*rarely or not at all*) to 3 (*frequently or a lot*). Total scores ranged from 0 (*no perceived commitment*) to 18 (*high perceived commitment*). The overall scale demonstrated good internal consistency ($\alpha = .71$; mean interitem $r = .34$).

Frequency of deployment communication. Six items assessed how frequently airmen used various modalities of communication with their partners during deployment—including phone calls, letter writing, emailing, instant messaging or texting, videoconferencing (webcam), or “other.” Frequency ratings ranged from 0 (*never*) to 6 (*several times a day*), with total scores ranging from 0 (*no contact*) to 36 (*multiple contacts a day using diverse methods*). Items were summed to reflect the total level of communication with the partner, with ratings obtained while the airman was deployed.

Combat disclosure. The Combat Disclosure Scale included six items evaluating a service member’s willingness to disclose his or her thoughts and feelings related to deployment- and combat-related experiences to his or her intimate partner (Balderrama-Durbin et al., 2013). Three items assessed the disclosure of deployment experiences more broadly (e.g., “I avoid discussing deployment experiences with my partner”), whereas the remaining three items assessed disclosure of combat-related experiences specifically (e.g., “I find it hard to discuss my feelings related to

combat with my partner”). Airmen rated each item on a 4-point scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*); items were reverse coded with total scores ranging from 6 (*unwilling to disclose*) to 24 (*very willing to disclose*). The scale was administered at postdeployment and demonstrated excellent internal consistency ($\alpha = .94$; mean interitem $r = .72$).

Partner support. The Multidimensional Scale of Perceived Social Support contains 12 items reflecting the subjective adequacy of social support (Zimet, Dahlem, Zimet, & Farley, 1988) across three sources, including family, friends, and significant other. Items were rated on a 7-point scale ranging from 1 (*very strongly disagree*) to 7 (*very strongly agree*), with total scores ranging from 12–84. Subscales distinguishing the three sources of social support were supported through factor analysis. The present study used the 4-item subscale specifically targeting support from the airman’s significant other or intimate partner. This measure was administered at postdeployment, with the significant other subscale demonstrating excellent internal consistency ($\alpha = .93$; mean interitem $r = .79$).

PTSD. The PTSD Checklist–Military (PCL-M; Weathers, Litz, Herman, Huska, & Keane, 1993) version is commonly used to assess posttraumatic stress symptoms in both military and civilian populations, with 17 items corresponding to the symptoms of PTSD outlined in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* (American Psychiatric Association, 1994). For each item, airmen rated how much they had been “bothered by the problem in the past month” on a 5-point scale from 1 (*not at all*) to 5 (*extremely*), with scores ranging from 17–85. Airmen were assessed both prior to and following deployment. The PCL-M demonstrated good internal consistency at predeployment ($\alpha = .83$; mean interitem $r = .26$) and excellent internal consistency at postdeployment ($\alpha = .95$; mean interitem $r = .49$).

Depression symptoms. Levels of depressive symptoms were assessed prior to and following deployment using the Patient Health Questionnaire (Kroenke, Spitzer, & Williams, 2001), a well-validated measure of depression comprising nine items corresponding to the criteria of the *DSM-IV* (APA, 1994) diagnosis of major depression. Airmen rated the frequency with which each symptom was experienced in the past 2 weeks, from 0 (*not at all*) to 3 (*nearly every day*). The measure demonstrated good internal consistency at predeployment ($\alpha = .81$; mean interitem $r = .38$) and excellent internal consistency at postdeployment ($\alpha = .89$; mean interitem $r = .46$).

Alcohol use. The Alcohol Use Disorder Identification Test is a well-established 10-item screening measure developed by the World Health Organization and used routinely in clinical and research applications (Babor, Higgins-Biddle, Saunders, & Monteiro, 2001). Questions assess domains of alcohol consumption, drinking behavior (dependence), and adverse consequences of drinking. For each item, respondents rate the frequency of occurrence on a 5-point scale (from 0–4). Airmen’s alcohol use was assessed at pre- and postdeployment. This measure demonstrated good internal consistency at predeployment ($\alpha = .82$; mean interitem $r = .36$) and postdeployment ($\alpha = .84$; mean interitem $r = .35$).

Combat experiences. A 22-item measure adapted from the Peacekeeping Experiences Scale (Adler, Dolan, & Castro, 2000) assessed exposure to stressful events in the combat environment

during deployment. Airmen indicated whether or not they had experienced an event (e.g., "being shot at" or "seeing dead or seriously injured Americans"). The number of reported combat-related events served as the measure of interest, with scores ranging from -22. Combat experiences were measured at postdeployment and demonstrated excellent internal consistency ($\alpha = .90$, mean interitem $r = .29$).

Data Analytic Strategy

Bivariate correlations were used to evaluate hypothesized linkages between prospective and concurrent predictors and postdeployment family reintegration. In addition, to better understand the relative strength of prospective and concurrent predictors, four post hoc multiple regression analyses were conducted using standard two-tailed significance testing. For the first of these analyses, prospective interpersonal predictors (predeployment relationship distress, shared military commitment, preparation for deployment as a couple, and frequency of communication during deployment) were assessed. Concurrent interpersonal correlates (postdeployment relationship distress, partner support, and combat disclosure) were then examined in a second regression analysis. Third, concurrent intrapersonal predictors (postdeployment depressive symptoms, posttraumatic stress symptoms, and alcohol misuse) were evaluated. Given the exploratory nature of these analyses, predictors were entered simultaneously to determine which predictors provided information above and beyond the other predictors in the respective model. Finally, a hierarchical multiple regression analysis was conducted of all postdeployment predictors (both interpersonal and intrapersonal). Intrapersonal factors were entered in the model first to determine the incremental predictive utility of interpersonal factors above and beyond postdeployment intrapersonal factors. Correlational analyses were conducted using pairwise deletion, and multiple regression analyses were conducted using listwise deletion methods. Multicollinearity diagnostics revealed that predictors were within acceptable limits for regression analyses according to variance inflation factor and tolerance values.

Results

Prevalence of Reintegration Difficulties

Nearly one in five airmen (18.8%) reported moderate to severe difficulties in multiple aspects of postdeployment family reintegra-

tion; over half (56.3%) reported moderate to severe difficulties in at least one facet of reintegration. There were no significant differences in this rate of prevalence across age, education, combined months of prior deployments, months since the most recent deployment, years the couple had been married or living together if unmarried, number of children, or number of separations from their current partners (all $p > .30$). There were no significant differences in reported family-integration difficulties for couples with children compared with couples without children, $t(49) = 1.15$, $p = .25$ or for airmen who had deployed previously versus those who had not, $t(53) = -.62$, $p = .54$.

Predictors of Family-Reintegration Difficulties

Table 2 presents correlations among interpersonal factors and family-reintegration difficulties. As anticipated, both pre- and postdeployment relationship distress were positively related to postdeployment family-reintegration difficulties ($r = .37$, $p < .01$ and $r = .58$, $p < .01$, respectively). Greater preparation for deployment as a couple and a greater sense of shared commitment to the military were related to fewer postdeployment challenges with family reintegration ($r = -.35$, $p < .05$ and $r = -.39$, $p < .05$, respectively). Concurrent partner support and willingness to disclose deployment- and combat-related experiences were also negatively related to postdeployment family-reintegration difficulties ($r = -.23$, $p = .07$ and $r = -.41$, $p < .01$, respectively). In each instance, significant correlations were medium to large in their effect sizes (Cohen, 1988).

The correlations among intrapersonal factors and difficulties with postdeployment family reintegration are displayed in **Table 3**. Predeployment alcohol use was the only Time-1 intrapersonal factor significantly related to postdeployment family-reintegration challenges, $r = .28$, $p < .05$. Postdeployment alcohol use was also positively related to family-reintegration difficulties, $r = .42$, $p < .01$, as were postdeployment depressive and posttraumatic stress symptoms ($r = .23$, $p = .07$ and $r = .27$, $p < .05$, respectively). Significant correlations were medium in their effect sizes (Cohen, 1988).

Multiple Regression Analyses

To better understand the relative contribution of the interpersonal prospective predictors of postdeployment family reintegration, predeployment relationship distress, preparation for deployment as a couple, and shared commitment to the military were

Table 2
Correlations Among Interpersonal Predictors and Family-Reintegration Difficulties

Measure	1	2	3	4	5	6	7	8
1. Family reintegration (T3)	—							
2. Relationship distress (T1)	.37**	—						
3. Preparation for deployment (T2)	-.35*	-.34*	—					
4. Shared commitment (T2)	-.39*	-.17	.54**	—				
5. Frequency of communication (T2)	-.23	-.09	.42**	.34*	—			
6. Relationship distress (T3)	.58**	.55**	-.38**	-.38*	-.25	—		
7. Partner support (T3)	-.23†	-.22	.22	.14	.42**	-.51**	—	
8. Combat disclosure (T3)	-.41**	-.11	.04	.35*	.23	-.29*	.27*	—

Note. T1 = Time 1 (approximately 1 month prior to deployment); T2 = Time 2 (during deployment); T3 = Time 3 (6–9 months postdeployment).

† $p = .07$. * $p < .05$. ** $p < .01$.

Table 3
Correlations Among Intrapersonal Predictors and Family-Reintegration Difficulties

Measure	1	2	3	4	5	6	7	8
1. Family reintegration (T3)	—							
2. Depression (T1)	.18	—						
3. PTSD (T1)	.18	.75**	—					
4. Alcohol use (T1)	.28*	.36**	.44**	—				
5. Depression (T3)	.23†	.27*	.32*	.09	—			
6. PTSD (T3)	.27*	.31*	.45**	.21	.87**	—		
7. Alcohol use (T3)	.42**	.44**	.39**	.53**	.21	.32**	—	
8. Combat experiences (T3)	.19	-.10	.05	.06	.22†	.37**	.15	—

Note. T1 = Time 1 (approximately 1 month prior to deployment); T3 = Time 3 (6–9 months post-deployment).

† $p = .07$. * $p < .05$. ** $p < .01$.

evaluated simultaneously in a multiple regression analysis (see Table 4). These prospective predictors accounted for 28.3% of the variance in challenges with family reintegration, $F(3, 37) = 4.87$, $p < .01$. Of the three prospective predictors, only predeployment relationship distress predicted postdeployment family-reintegration challenges above and beyond the other predictors, $\beta = .33$, $t(37) = 2.25$, $p < .05$.

A second multiple regression analysis examined the three significant, or in the case of partner support marginally significant, concurrent interpersonal predictors of postdeployment family-reintegration challenges simultaneously (see Table 4). Considered as a set, postdeployment partner support, willingness to disclose deployment- and combat-related experiences, and concurrent relationship distress explained 41.1% of the variance in family-reintegration difficulties, $F(3, 58) = 13.47$, $p < .001$. Both relationship distress and combat disclosure independently predicted challenges in family reintegration, $\beta = .57$, $t(58) = 4.88$, $p < .001$ and $\beta = -.25$, $t(58) = -2.34$, $p < .05$, respectively.

To evaluate the three concurrent intrapersonal factors related to postdeployment family-reintegration challenges, depressive symptoms, posttraumatic stress symptoms, and alcohol misuse were assessed in a third multiple regression analysis (see Table 4). These concurrent intrapersonal factors accounted for 19.8% of the variance in postdeployment family-reintegration difficulties, $F(3,$

59) = 4.84, $p < .01$. However, only alcohol misuse predicted family reintegration above and beyond depressive and posttraumatic stress symptoms, $\beta = .38$, $t(59) = 3.06$, $p < .01$.

Finally, to examine whether interpersonal factors accounted for a significant portion of the variance in family-reintegration challenges above that accounted for by intrapersonal factors, a hierarchical multiple regression was conducted, such that concurrent intrapersonal factors (depressive symptoms, posttraumatic stress symptoms, and alcohol misuse) were entered into the model first, followed by postdeployment interpersonal factors (postdeployment relationship distress, partner support, and willingness to disclose deployment and combat-related experiences). Step 1, including the intrapersonal factors, was significant, $F(3, 57) = 4.66$, $p < .01$, accounting for 19.7% of the variance in family reintegration. Moreover, interpersonal factors accounted for a significant portion of the variance (an additional 25.9%) in family-reintegration challenges above and beyond the effects of intrapersonal factors, $F(6, 54) = 7.55$, $p < .001$. Considering all postdeployment predictors simultaneously, concurrent relationship distress remained the single strongest correlate of difficulties with family reintegration, $\beta = .57$, $t(54) = 4.20$, $p < .001$.

Discussion

Service members and their intimate partners confront numerous challenges following a combat deployment, including potential struggles specific to family reintegration. In the present study, nearly one in five partnered service members who deployed on a 1-year, high-risk mission experienced significant difficulties with multiple aspects of family reintegration upon returning home, including uncertainty about their roles in the home, no longer feeling needed, adjusting to new routines, and reestablishing joint decision making with their intimate partners. Over half of service members endorsed at least moderate difficulties in one or more areas of family reintegration. Demographic characteristics were unrelated to service members' risk for reintegration difficulties; instead, a variety of potentially modifiable intrapersonal and interpersonal prospective and concurrent indicators were identified.

Prospective risk factors such as predeployment relationship distress, preparations for deployment as a couple, and shared commitment to the military lifestyle and values were each related to the challenges with postdeployment family reintegration when evaluated separately. Although communication frequency during deployment was not significantly related, it is worth noting that it

Table 4
Intra- and Interpersonal Predictors of Family-Reintegration Difficulties

Predictor	R ²	β	SE B
Model 1: Prospective interpersonal predictors	.28**		
Pre-deployment relationship distress (T1)		.33*	.29
Preparations for deployment (T2)		-.09	.19
Shared commitment to the military (T2)		-.30	.18
Model 2: Concurrent interpersonal predictors	.41**		
Combat disclosure (T3)		-.25*	.10
Partner support (T3)		.11	.14
Postdeployment relationship distress (T3)		.57**	.19
Model 3: Concurrent intrapersonal predictors	.20**		
Alcohol misuse (T3)		.38**	.11
Depressive symptoms (T3)		.01	.23
Posttraumatic stress symptoms (T3)		.14	.08

Note. T1 = Time 1 (approximately 1 month prior to deployment); T2 = Time 2 (during deployment); T3 = Time 3 (6–9 months postdeployment).

* $p < .05$. ** $p < .01$.

assessed only the frequency and modality of the contact; however, the subjective quality of that communication was not assessed. Hence, its usefulness in predicting reintegration may have been constrained. Couples demonstrating vulnerabilities and distress in their relationship prior to deployment were at greater risk for struggling with challenges of reintegration following deployment. However, couples who developed a successful preparation strategy, including plans for keeping lines of communication open, staying emotionally connected, coping with loneliness, maintaining a good support system, and handling financial issues or other problems on the home front were better equipped to navigate the challenges of postdeployment family reintegration. It was also important for service members to have a sense of shared commitment to the military with their partners, including feeling supported for the time and effort dedicated to the military (as opposed to sensing resentment) and experiencing in their partners some sense of personal pride in their shared roles during the deployment. For helping professionals interested in implementing prevention or early intervention strategies to ease the postdeployment-reintegration transition, these interpersonal risk factors serve as essential targets.

Concurrent interpersonal factors including willingness to disclose deployment- and combat-related experiences, postdeployment relationship distress, and, to a lesser extent, partner support were correlated with family reintegration; considered as a set, these accounted for nearly half of the variance in family-reintegration difficulties. These interpersonal factors may serve as important targets for intervention. Indeed, pre- and postdeployment relationship distress and combat disclosure each demonstrated a unique relation with family reintegration, surpassing the effects of other prospective and concurrent interpersonal factors. Prior research demonstrates that relationship distress can serve as both a precursor and a consequence of emotional disorders such as depression and PTSD (Beach, Sandeen, & O'Leary, 1990; Monson, Taft, & Fredman, 2009). Similarly, findings from the current study suggest that relationship distress both precedes and concurrently relates to difficulties in family reintegration. Service members with strong intimate relationship bonds demonstrate resilience in the face of adversity. For military couples who have experienced a deployment, the opportunity and willingness to share deployment- and combat-related experiences with an intimate partner may be critical elements to successfully transitioning back into the family. Prevention and intervention strategies might target the couple's abilities to exchange expressions of vulnerable emotions and empathetic responses in an effort to foster an adaptive relational environment for disclosing personal struggles experienced by both partners during deployment.

The current authors have recently developed and have begun evaluating a multitiered intervention for military couples emphasizing core relationship competencies (e.g., effective communication, decision-making, emotional support, and de-escalation of conflict) (Cigrang et al., 2011; Heyman et al., in press). At the lowest level of intervention, service members can select among 18 one-page psychoeducational pamphlets focusing on specific relationship challenges and guiding the service member through the development of a self-directed, targeted action strategy emphasizing positive, adaptive change. At intermediate levels, the program encourages brief "conversations" with front-line supervisors or other individuals within the military unit who had already been

identified as "natural helpers" and trained specifically to disseminate basic relationship skills at a low intensity. At higher levels of prevention, family-life consultants or clinical staff can offer brief (e.g., 60-min) seminars for couples on selected topics (e.g., coping with deployment) that encourage partner interactions and explicit action strategies. Commanders of military units about to deploy can also be approached to support a brief (e.g., half-day) training for service members and their partners that promotes specific preparations for the relationship challenges of deployment and encourages explicit plans for staying connected (for a more detailed description see Heyman et al., in press).

Intrapersonal factors also appear to play an important role in influencing postdeployment family reintegration. Service members who demonstrate alcohol misuse prior to deployment are at greater risk of experiencing family-reintegration difficulties; hence, screening and early intervention regarding alcohol misuse may promote healthier family reintegration for partnered service members. In separate analyses using this same sample, predeployment alcohol misuse has also been implicated in other serious postdeployment mental health disturbances, including suicide risk (Cigrang, Balderrama-Durbin et al., 2014). Moreover, concurrent posttraumatic stress symptoms, alcohol misuse and, to a smaller degree, depressive symptoms, were all related to difficulties with family reintegration, with alcohol misuse demonstrating an incremental impact on family reintegration exceeding the effects of depressive and posttraumatic stress symptoms. Overall, both pre- and postdeployment alcohol misuse appears to be particularly disruptive to family functioning and warrants careful assessment and intervention.

There are likely reciprocal influences between individual and interpersonal struggles and family reintegration. Behavioral health professionals should consider the potential adverse influence of individual emotional and behavioral disorders on family reintegration even when difficulties with family reintegration are not overtly implicated in the presenting problem. Conversely, if a service member or his or her intimate partner initially describes problems in family reintegration, the potential role of individual emotional or behavioral problems—including those that may exist at subthreshold levels—should be evaluated. When comparing intra- and interpersonal factors, interpersonal factors contributed to an additional 25.9% of the variance in family reintegration beyond that explained by intrapersonal factors alone. Thus, family-reintegration challenges are not likely to be entirely explained by individual emotional or behavioral health problems of the returning service member.

Those involved in prevention and intervention services should be alert to potential contributions of both intra- and interpersonal factors when assessing challenges with family reintegration for returning service members and their partners. Practitioners working with returning service members should be particularly attuned to the relation between family-reintegration difficulties and alcohol misuse. In addition, findings would suggest that interventions targeting relationship distress and fostering an adaptive relational environment for disclosing personal challenges during the deployment experienced by both partners would be beneficial for couples struggling with the reintegration process.

Although this study is the first to evaluate both intra- and interpersonal risk factors for family-reintegration difficulties across the entirety of the deployment cycle, it is not without its

limitations. The investigation was restricted to information provided by the service member and lacked collateral reports from the intimate partner that could have provided an expanded view of the interpersonal process. The sample was comprised primarily of male enlisted service members, all from Air Force Security Forces deployed to Iraq on similar consecutive missions; hence, these findings may not generalize to female service members or members from other branches of the military who are deployed to noncombat missions or to other regions (e.g., Afghanistan) for differing lengths of deployment. Considering the restricted sample size, estimates of effect size should be interpreted with caution. Family reintegration in the current investigation did not focus on challenges specific to service members with children (e.g., roles in parenting, discipline, and reconnection with children); instead, family reintegration in this study was defined broadly to accommodate diverse family compositions, including couples without children.

The research literature would benefit from future evaluations on how families pursue posttraumatic growth following military deployment, as well as difficulties with family reintegration. Additional longitudinal research could also evaluate the recursive relations among some of the concurrent indicators by examining multiple time points during the postdeployment period. Future researchers might also evaluate the role of physical injuries—including traumatic brain injury (as opposed to psychological trauma) in family-reintegration challenges. Finally, challenges specific to families with children would help clarify unique consequences of deployment for service members with more complex family dynamics.

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